

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023439

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3087

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas City

Length of stay in lb
Lifetime

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Veterans Hosp. DOA

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1716 East 11th Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Harold

J.

Stapleton

4. DATE OF DEATH

Month June

Day 7

Year 1962

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-4-21

9. AGE (last birthday)
40

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Launderer

10b. KIND OF BUSINESS OR INDUSTRY
Laundry

11. BIRTHPLACE (City and state or country)
Rosedale, Kansas

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Harold Stapleton

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Cleana Stapleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes W. W. # 2

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Cleana Stapleton, 1600 East 29th

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Artery Disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

History of Epilepsy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 3 a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Deputy Coroner
Burial

(Date of signature)

22b. ADDRESS

1618 India Ave
Fort Leavenworth, Kas.

22c. DATE SIGNED

6/8/62

23a. BURIAL, CREMATION, REMOVA (Specify)

23b. DATE
6-13-62

23c. NAME OF CEMETERY OR CREMATORY
National

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

ADDRESS

Jones & Stevens, 2315 Linwood

25. DATE RECD. BY LOCAL REG.

6-11-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Laurence A. Jones

Licensed Embalmer No. 4429

P. O. Address

*2315 Lenox
Chicago*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.